

# Consumer Council News

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**NHSDA**  
**The National Household Survey on Drug Abuse Report is the primary source of information on the use of drug and alcohol in the U.S. for persons over 12 years old.**  
**2001 Highlights**  
**\*15 Million have serious mental illness**  
**\*Less than one half of adults with SMI received treatment during the past year.**  
**\*Adults with SMI were more likely to smoke cigarettes or use drugs during the past year**  
**\*Mental Disorders account for 4 of the 10 leading causes of disability.**

Newsletter sponsored by  
VA Mental Health Consumer  
Council  
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## Performance Plan for a Network

The development of the 2003 Performance Plan for the Veterans Integrated Service Network Directors is being finalized. This plan outlines what the Network Director is expected to accomplish in the next year.

The first part of the Plan is Key Core Competencies and Core Competencies which include customer service, interpersonal effectiveness and technical competency. Performance Measures that are categorized by the mission goal they support compose the second part of the Performance Plan. For the 2003 Plan the first Measure under Access is that the Network will increase the percent of high risk patients screened for Mental Health Intensive Case Management (MHICM). Under Measure seven the per-



cent of veterans discharged from Homeless programs to independent housing or a secure institutional arrangement will increase by the end of 2003. Depression

screening and follow up within six weeks is under the Domain of Quality. It is important to be familiar with the plans for the Veterans Networks as they will guide the priorities for the coming year. There is an end of year report for all VISNs that gives the results of the various measures. In FY 2002 for the MHICM measure VISN 2,9,16 and 21 did exceptional in their screening of high risk patients

for the program. There were 12 VISNs that did not meet the goal set for screening for MHICMs.

## Secretary Principi awarded APA Speaker's Award

The following are excerpts from the remarks of Secretary Principi when The American Psychiatric Association presented him with the 2002 Speaker's Award :

"Every VA patient with a mental illness has the right to compassionate and effective treatment for his or her disease. Our Department has the responsibility not to shunt veterans off to one side of the social tracks simply because the effects of their illnesses may make others uncomfortable.

Treatment for mentally ill veterans is one of VA's most important specialized services and core missions, along with treating service-connected disabled and low-income veterans.

But an increase in the number of veterans

eligible for comprehensive care from VA- we now treat more than a million more patients per year than we did eight years ago- has challenged us to protect the quality of our specialized programs against the demands of runaway growth of our patient rolls.

Despite the cost pressures created by increasing demand, the Department of Veterans Affairs will protect our core missions- and I am committed to defend the excellence of our mental health care programs."

Secretary Principi has been an advocate for our veterans who are mentally ill and he has been a leader who encourages VA to strengthen the quality of our programs.

## Waiting Times and Mental Health

From a October 21, 2002 survey, the total number of veterans who will likely have to wait six months or more for a non-emergent new or subsequent clinic visit in the VA is 265,466. This number is down from over 300,000 in June. Veterans who are 50% or greater service-connected are being contacted by VAMCs to schedule appointments within 30 days if desired by new veterans and if medically indicated for established patients. Through October 31, 50,939 veterans were contacted by mail or phone and of those veterans contacted, 8,316 requested a change in an appointment to within 30 days.

Waiting times are measured for Primary Care Clinics and some specialty Care clinics as part of the Performance Plan for VA Network Directors.

Mental health is not one of the specialty clinics that will be monitoring waiting time. The clinics selected for monitoring waiting times were those known to have long waiting times for the next available clinic

appointment. One of the problems with mental health is that persons with a mental illness are more vulnerable and less likely to advocate for their own health care needs. If service is not available for veterans with mental illness its possible that they do not receive any care or find alternate sources of care. One of the findings of the Mental Health Quality Enhancement Research Initiative (QUERI) is *lack of outpatient care results in worse outcomes for veterans with schizophrenia*. This points to the need to develop sensitive monitors that will track mental health patients, particularly those with serious mental illness to determine if they are receiving optimum care according to the clinical guidelines that have been developed. This will help to advocate for their care and identify any waiting time problems that could be preventing them from getting the treatment they need.

## Compensated Work Therapy/Transitional Residence Progress

The fifth Progress Report on the Compensated Work Therapy/Transitional Residence Program was done in June 2002. The program is currently in its twelfth year of operation. There have been 5,400 admissions and nearly 5,000 discharges. Originally implemented as a 14 site program with 236 beds, to date, the program has expanded to 34 sites with 26 operational programs and 433 operational beds. The goals of the CWT/TR program are to help veterans who suffer from severe substance abuse disorders, psychiatric problems, and homelessness to: 1) remain sober and/or improve their mental health status, 2) obtain and sustain employment and stable housing in the community, 3) manage their lives in an independent and productive manner, and 4) minimize their reliance on institutional care. Currently 15 of the 26 opera-

tional programs (57.7%) have a primary mission of treating veterans with substance abuse disorders, 9 of the 26 sites (34.6%) are designed to treat veterans who are homeless and mentally ill, and one program (3.8%) treats psychiatrically ill veterans with vocational deficits, while one other program (3.8%) treats PTSD veterans.

Nationally, the CWT/TR program has experienced a 23% increase in bed capacity and 40.7% increase in the number of veterans treated during the past 5 years. Veterans receiving treatment are more psychiatrically impaired than in past years as 41.2% carry a serious mental illness diagnosis. The work program is a supportive, low-pressured work setting that is task-oriented. Veterans earn, on average, \$208 per week which covers the \$49 weekly rent.

## Information and Resources

June 4-7, 2003  
 NMHA's Annual Conference  
*America's Mental Health Crisis: Finding Solutions Together*  
 Hyatt Regency  
 Washington, DC  
[www.nmha.org/703-684-7722](http://www.nmha.org/703-684-7722)